



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90064 040 \*\*\*\*50.00

<b>DOCUMENT # L05000033285</b> 1. Entity Name <b>P'S MOBILE DETAIL LLC</b>					
Principal Place of Business <b>3311 QUEEN PALM DRIVE EDGEWATER, FL 32141</b>			Mailing Address <b>3311 QUEEN PALM DRIVE EDGEWATER, FL 32141</b>		
2. Principal Place of Business <b>1604 Pioneer Trail</b>		3. Mailing Address <b>1604 Pioneer Trail</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>New Smyrna Beach FL</b>		City & State <b>New Smyrna Beach FL</b>		06192006    Chg-LLC    CR2E083 (11/05)	
Zip <b>32168</b>		Country <b>Volusia</b>		4. FEI Number <b>73-1733300</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>PHILLIPS, JEFFREY MICHAEL 3311 QUEEN PALM DRIVE EDGEWATER, FL 32141</b>				7. Name and Address of New Registered Agent  Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>1604 Pioneer Trail</b> City <b>New Smyrna Beach</b> <b>FL</b> Zip Code <b>32168</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Jeffrey Michael Phillips</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM PHILLIPS, JEFFREY MICHAEL 3311 QUEEN PALM DRIVE EDGEWATER, FL 32141</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1604 Pioneer Trail New Smyrna Beach FL 32168</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u><i>Jeffrey Michael Phillips</i></u>			<u>06/22/06</u>		
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		